

ADULT DAY CARE CENTERS
RECORDKEEPING ESSENTIALS
of the
CHILD AND ADULT CARE FOOD PROGRAM



October 2001

Missouri Department of Health and Senior Services
Division of Nutritional Health and Services
Bureau of Community Food and Nutrition Assistance
P.O. Box 570
Jefferson City, MO 65102
Telephone: 800-733-6251

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Adult Day Care Centers
Recordkeeping Requirements of the
Child and Adult Care Food Program

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Adult Day Care Centers
Recordkeeping Essentials of the
Child and Adult Care Food Program

**Recordkeeping Requirements for
Adult Day Care Centers**

Adult day care centers receiving payment from the Child and Adult Care Food Program (CACFP) must keep full and accurate records pertaining to the food service. The records must be kept to support the claim for reimbursement and to verify that all CACFP requirements are being met. The records to be maintained are detailed below.

All records must be retained for a period of three years after the end of the fiscal year to which they pertain, except that if audit findings have not been resolved, the records shall be retained beyond the end of the three-year period for as long as required for the resolution of the issues raised by the audit. All required records must be available for review by federal or state officials at all times. Failure to produce required records in a timely manner could result in repayment to the Missouri Department of Health and Senior Services – Bureau of Community Food and Nutrition Assistance (MDHSS-CFNA).

Sample forms and completion instructions for each record detailed below are included in this booklet. The institution may use these sample forms or other forms developed by the institution as long as the forms used record the required information.

Required records include:

1. **Copies of all menus.** Menus must be dated and indicate all components that were served. Menus must be maintained for each meal claimed for reimbursement.
2. **Food production records.** Food production records must indicate at a minimum:
 - a) the food item used.
 - b) the amount of food prepared.
 - c) the actual number of participants and adults served.

Adults not enrolled in the day care who eat meals there must be included on the production records. This is important to assure that adequate amounts of food are prepared for everyone eating the meal.

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3. **Enrollment documents for each participant claimed.** All participants claimed for reimbursement must be enrolled at the center for care. Centers are encouraged to maintain a master listing to include:

- a) all enrolled eligible participants.
- b) the claiming category for each participant.
- c) the date the Income Eligibility Form (IEF) was signed by center personnel.

Use of the master listing will assist in keeping the IEFs updated on an annual basis.

4. **Plan of care.** All functionally impaired participants claimed for reimbursement must have an individual plan of care.
5. **Daily attendance records.** Daily attendance records must be maintained for each participant. The attendance records **cannot** be used as a basis for completing the meal count record. However, the attendance records should support the meal count records. For example, if John Doe was claimed for a meal on October 17, the attendance records should indicate that John Doe was present on October 17.
6. **Meal count records.** Each monthly claim for reimbursement must be supported by meal count records for each meal served during the month. The meal count record must indicate the daily number of meals served to participants by type of meal (breakfast, lunch, supper, or snack). Center personnel must physically record at each meal, the meals served to participants by eligibility category (free, reduced, and paid).
7. **Non-profit food service verification.** The center must have documentation to verify that all of the CACFP reimbursement is being used solely for the conduct of the food service operation and to improve food service operations.

Non-profit food service verification includes:

- a) Documentation of income to the program. Income to the program includes all monies received from State, Federal, or local government sources, any center funds used to subsidize the food service program, any payments for adult meals, and any other income including loans and donations to the food program.

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- b) Documentation of food service expenditures. Food service expenditures include food purchase receipts or invoices, labor cost **supported by payroll stubs and time studies**, cost of expendable food service equipment, cost of maintaining non-expendable food service equipment, and indirect costs.

Expendable equipment has a durability of less than two years and cost \$500 or less. **Non-expendable equipment** has a durability of two years or more and cost more than \$500. Examples of indirect costs are rent, utilities, office supplies, etc. A portion of indirect costs can be charged to the CACFP if there is documentation available to support the charge.

- 8. **Income Eligibility Forms (IEFs).** An IEF must be on file for each participant claimed as free or reduced. IEFs must be updated annually. The IEF is effective for one year from the date the center representative signs and dates the form. See the Income Eligibility Guidance booklet for more complete information on IEFs.
- 9. **Title XX and Title XIX documentation.** Title XX and Title XIX documentation must be available for for-profit centers. Title XX and Title XIX documentation includes the Title XX and Title XIX billing invoices and a copy of the contract with the Title XX and Title XIX administering agency. For each month claimed, the center must have verification that at least 25% of the enrolled participants were Title XX and Title XIX beneficiaries. Eligibility may be based on Title XX enrollment, Title XIX enrollment, or combined Title XX Title XIX enrollment.
- 10. **Documentation of training to staff.** Staff must be trained at least annually with regard to the CACFP. Documentation of training must include:
 - a) session dates;
 - b) locations;
 - c) topics; and
 - d) names of participants.
- 11. **Beneficiary data form.** To meet Civil Rights requirements, each center must physically count, at least once per year, the number of program participants in attendance by racial/ethnic category. This documentation must be maintained on file.

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12. **Miscellaneous documentation.** The following miscellaneous documentation must be retained:

- a) Adult day care center license.
- b) Copies of all applications and supporting documents submitted to the MDHSS-CFNA.
- c) Copies of all claims for reimbursement submitted to the MDHSS-CFNA.
- d) Copies of all correspondence from MDHSS-CFNA or to MDHSS-CFNA.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
MENU – USDA REQUIREMENTS

NAME OF CENTER/FACILITY _____

WEEK OF _____

YEAR _____

BREAKFAST	DATE	DATE	DATE	DATE	DATE
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Other Foods					
SUPPLEMENT <i>Serve 2 of 4 choices.</i>					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					
LUNCH					
Fluid Milk					
2 Servings of Fruit and/or Vegetables					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
MENU – USDA REQUIREMENTS

NAME OF CENTER/FACILITY _____

WEEK OF _____

YEAR _____

SUPPLEMENT <i>Serve 2 of 4 choices.</i>	DATE	DATE	DATE	DATE	DATE
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
<i>Other Foods</i>					
SUPPER					
Fluid Milk					
2 Servings of Fruit and/or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					
SUPPLEMENT <i>Serve 2 of 4 choices.</i>					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					

Adult Day Care Centers
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**Instructions for Completing
Menu Planning and Production Worksheet**

1. Write the calendar date this menu is served, showing month, day, and year.
2. Record all menu items served this date in the appropriate section.
3. Enter the name of each food used to meet meal or snack requirements.
4. Enter total amount of food used.

Example: 1 gallon milk
 2 lbs. ground beef
 3 - 16 oz. cans green beans
 3 1/2 - 16 oz. cans fruit cocktail
 1 - 16 oz. loaf bread

5. Enter the total number of participants served under P. Enter total number of program adults and non-program adults served under A.

Program adults are any adults performing labor necessary to the food service.

Non-program adults are adults consuming a meal or snack who do not perform labor necessary to the food service.

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
DAILY MENU PLANNING AND PRODUCTION

NAME OF CENTER/FACILITY _____

DATE _____

MEAL PATTERN	MENU	FOOD ITEM USED	AMOUNT OF FOOD USED	NUMBER SERVED	
				Participants	Adults
BREAKFAST					
Milk, fluid					
Juice, Fruit or Vegetable					
Grains/Bread including cereal					
Other foods					
A.M. SNACK (Select two of these four components)					
Milk, fluid					
Juice, Fruit or Vegetable					
Grains/Bread including cereal					
Meat/Meat Alternate					
Other Foods					

DAILY MENU PLANNING AND PRODUCTION WORKSHEET

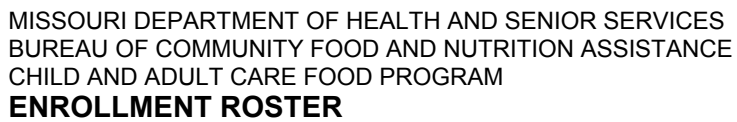
MEAL PATTERN	MENU	FOOD ITEM USED	AMOUNT OF FOOD USED	NUMBER SERVED	
				Participants	Adults
LUNCH					
Milk, fluid					
Meat/Meat Alternate					
Vegetables &/or Fruits (2 or more)					
Grains/Bread					
Other Foods					
P.M. SNACK (Select two of these four components)					
Milk, fluid					
Juice, Fruit or Vegetable					
Grains/Bread including cereal					
Meat/Meat Alternate					
Other Foods					
SUPPER					
Milk, fluid					
Meat/Meat Alternate					
Vegetables &/or Fruits (2 or more)					
Grains/Bread					
Other Foods					

Adult Day Care Centers
Recordkeeping Essentials of the
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**Instructions for Completing
Enrollment Roster**

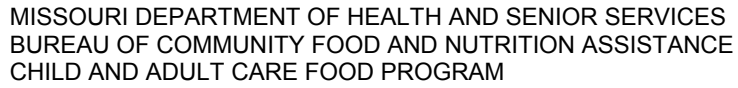
1. List all participants enrolled at the center for adult day care (preferably in alphabetical order).
2. Indicate the participant's claiming category (free, reduced, or paid).
3. Indicate the date which the participant was enrolled.
4. Indicate the date which the IEF was signed by the center personnel.
5. Indicate the date which the participant was terminated from the adult day care facility.

The enrollment roster should be completed on an annual basis. Any new enrollees throughout the year can be added to the bottom of the list.



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MO 580-1462 (9-01)



MONTH: _____

MO 580-1461 (8-01)

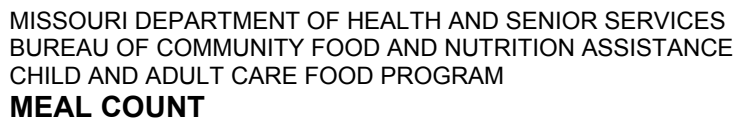
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Adult Day Care Centers
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**Instructions for Completing
Meal Count Form**

1. Enter the calendar date, showing month, day, and year in appropriate spaces.
2. List enrolled participants (preferably in alphabetical order with last name first).
3. For each participant, indicate claiming category under the code box using the following codes:
 - X: Free category
 - Y: Reduced category
 - Z: Paid category
4. For each meal served, place a check mark under the appropriate meal type.
5. Calculate the total free meals, total reduced meals, and total paid meals for each meal category.

The meal count must be recorded at the time of the meal service. Center personnel must physically count the participants eating at each meal time. The claiming categories for each participant must be kept confidential.

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**Instructions for Documenting
Non-Profit Food Service**

1. Save all raw food receipts or invoices. Nonfood costs receipts or invoices can be charged to the food service if the nonfood product is necessary to the food service. Examples of allowable nonfood charges include paper napkins, straws, plastic utensils, cleaning supplies for the kitchen, etc.
2. Determine the total amount of raw food and nonfood costs. If this amount is less than the CACFP monthly reimbursement, document food service labor costs. If the amount of raw food costs for the month are greater than the CACFP reimbursement, the center does not need to document labor costs.
3. Determine the amount of labor spent on the food service. The attached form "Summary of Salary Expenses" will assist in determining how much labor cost can be charged to the food service. Each position used for the food service shall be listed. For each position, indicate:
 - a) the number of people in the position.
 - b) the salary per hour.
 - c) the number of hours spent on the food service.
 - d) the total cost chargeable to the food program.

Labor cost charges must be supported by payroll stubs and time studies.

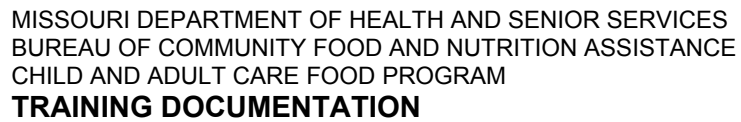
4. Determine the amount of income to the food program. Income to the food program can include monies received from state, federal, or local government sources, any center funds used to subsidize the food program, any payments for adult meals, and any donations of food supplies, equipment, or cash to the food program.
5. Add together the raw food costs, the nonfood costs, and labor cost. Compare this amount to the monthly CACFP reimbursement plus the income to the food program. If the CACFP reimbursement and income are greater than food service costs, contact MDHSS-CFNA for further instructions.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM

SUMMARY OF SALARY EXPENSES

FACILITY NAME						CLAIM MONTH	
POSITION TITLE	NUMBER OF PEOPLE IN THAT POSITION	X	SALARY PER HOUR	X	NUMBER OF HOURS SPENT ON FOOD SERVICE	=	TOTAL
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
TOTALS						=	



Attendance Sign-In

CACFP-222




MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
BENEFICIARY DATA REPORT

A Beneficiary Data Report must be completed once a year to report the racial/ethnic category of participants enrolled in your center. Determine the participant's racial/ethnic category visually using your best judgement. A participant may be included in the category to which he or she appears to belong, identifies with, or is regarded as a member of by the community.

NAME OF CENTER/FACILITY:

ADDRESS:

Racial/Ethnic Category	Number of Participants
Alaskan Native or Native American – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).	
Asian or Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.	
Black (not of Hispanic origin) – A person having origins in black racial groups of Africa.	
Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.	
White (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	
SIGNATURE OF DIRECTOR 	DATE